

BOARD OF REGISTERED NURSING

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Ruth Ann Terry, MPH, RN, Executive Officer



NURSE PRACTITIONERS & NURSE-MIDWIVES- SUPERVISION OF MEDICAL ASSISTANTS

SB 111, Chapter 358 (Alpert) was signed by Governor Gray Davis on September 26, 2001 and becomes effective January 1, 2002. Per Business & Profession Code Section 2069(a)(1) and Health & Safety Code 1204 (A) & (B), a supervising physician and surgeon at a “community clinic” or “free clinic” may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. The written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant and that tasks may be performed when the supervising physician and surgeon are not on site.

Background

Medical assistants are entry-level personnel who are authorized under the law to provide care in community clinics, and can perform medical tasks within their scope of practice as defined by the Medical Board of California. The Nurse Practitioners, NP, Certified Nurse Midwives, CNM, and Physician Assistants, PA, are authorized under the law to train, supervise, and assign tasks to medical assistants, so long as the tasks are within the scope of practice of the medical assistant. However, the medical assistant is authorized to perform services only when the physician is physically present at the office or in the clinic.

The medical assistant may perform clinical services authorized by Business and Professions Code, Sections 2069 and 2070. The medical assistant may perform specified services relating to administration of medication, performance of skin tests and simple routine medical tasks and procedures, and performance of venipuncture or skin puncture for withdrawing of blood upon specific authorization from and under the supervision of a licensed physician, surgeon, or podiatrist.

If you have questions about medical assistant services, tasks, or duties, you can contact the Medical Board of California by calling (916) 263-2382. The BRN Web site, www.rn.ca.gov, has information regarding medical assistants in the Advisory and Publications ~~link for RNs.~~

Please see reverse side of this document for Business and Professions Code, Sections 2069 and 2070.

2069. (a) (1) Notwithstanding any other provision of law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services in a clinic licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a physician assistant, a nurse practitioner, or a nurse-midwife.

(2) The supervising physician and surgeon at a clinic described in paragraph (1) may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical

assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, so long as the following apply:

- (A) The nurse practitioner or nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner or nurse-midwife, and the facility administrator or his or her designee.
- (B) The physician assistant is functioning pursuant to regulated services defined in Section 3502 and is approved to do so by the supervising physician or surgeon.
- (b) As used in this section and Sections 2070 and 2071, the following definitions shall apply:
 - (1) "Medical assistant" means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.
 - (2) "Specific authorization" means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.
 - (3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:
 - (A) A licensed physician and surgeon.
 - (B) A licensed podiatrist.
 - (C) A physician assistant, nurse practitioner, or nurse-midwife as provided in subdivision (a).
 - (4) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a).
- (c) Nothing in this section shall be construed as authorizing the licensure of medical assistants. Nothing in this section shall be construed as authorizing the administration of local anesthetic agents by a medical assistant. Nothing in this section shall be construed as authorizing the division to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.
- (d) Notwithstanding any other provision of law, a medical assistant may not be employed for inpatient care in a licensed general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

2070. Notwithstanding any other provision of law, a medical assistant may perform venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a) of Section 2069, if prior thereto the medical assistant has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the training required. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

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Executive Officer

March 25, 2002

To: Interested Parties

Subject: Medical Assistant Laws and Regulations

Attached is a copy of the Business and Professions Code and California Code of Regulations, relating to the scope of practice of medical assistants in the State of California.

Medical assistants are unlicensed health professionals who perform non-invasive routine technical support services under the supervision of a licensed physician and surgeon or podiatrist in a medical office or clinic setting. The supervising physician and surgeon or podiatrist must be on the premises in order for the medical assistant to perform their non-invasive technical support services. The only exception would be in the instance of Business & Professions Code Section 2069 (a)(1) and Health and Safety Code, 1204 (A) & (B) which applies only to "community clinics" or "free clinics".

A listing of "Most Often Asked Questions" addressing appropriate training, supervision, and scope of practice issues is included to assist members of the public and profession to understand the role of the medical assistant within the health care team.

For national certification purposes, you may contact the American Association of Medical Assistants at (312) 424-3100, American Medical Technologists at (847) 823-5169, or the California Certifying Board for Medical Assistants at (866) 622-2262 or (530) 622-1850.

Please contact the Consumer Information Unit at (916) 263-2382 should you need further assistance.

Is Your Medical Assistant Practicing Beyond His or Her Scope of Training?

The Medical Board receives numerous inquiries concerning the use of medical assistants in a physician's office. (By law, a medical assistant may not be employed for inpatient care in a licensed general acute care hospital.)

Medical assistants are unlicensed, and may *only* perform basic administrative, clerical and technical supportive services as permitted by law. An unlicensed person may *not diagnose or treat or perform any task that is invasive or requires assessment*. The responsibility for the appropriate use of unlicensed persons in healthcare delivery rests with the physician.

The classification of medical assistant is defined under the provisions of the Medical Practice Act (Business and Professions Code sections 2069-2071). The law defines a "medical assistant" as a person who may be unlicensed who performs basic administrative, clerical, and technical supportive services under the supervision of a licensed physician or podiatrist.

Under the law, "technical supportive services" are deemed simple, routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician or podiatrist. "Supervision" is defined to require the licensed physician or podiatrist *to be physically present in the treatment facility during the performance of those procedures*. Prior to performing technical supportive services, a medical assistant shall receive training by a licensed physician and surgeon or podiatrist or instructor in an approved school program to assure the medical assistant's competence in, performing a service at the appropriate standard of care.

A medical assistant, who has completed the minimum training prescribed by regulation, may administer medication by intradermal, subcutaneous, or intramuscular injections, perform skin tests, and other technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or podiatrist.

"Specific authorization" means a specific written order repaired by the supervising physician or podiatrist to assist and perform support services in the physician's office.

authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record; or a standing order prepared by the supervising physician or podiatrist authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed in the patient's medical record.

Other technical supportive services which a medical assistant may perform have been established by regulation to include: applying and removing bandages and dressings, removing sutures, performing ear lavage, preparing patients for examinations, and shaving and disinfecting treatment sites. (The regulations governing medical assistants can be found in the California Code of Regulations at sections 1366-1366.4 of Title 16, Division 13.) Medical assistants who have completed the minimum training prescribed by regulation may draw blood.

Medical assistants are *not* allowed to perform such invasive procedures as:

- placing the needle or starting and disconnecting the infusion tube of an IV.
- administering medications or injections into the IV line.
- charting the pupillary responses.
- inserting a urine catheter.
- independently performing telephone triage.
- injecting collagen.
- using lasers to remove hair, wrinkles, scars, moles or other blemishes.
- administering chemotherapy.

Medical assistants may not interpret the results of skin tests, although they may measure and describe the test reaction and make a record in the patient chart.

In summary, medical assistants are not licensed, and it is not legal to use them to replace highly trained, licensed professionals. The medical assistant is present to assist and perform support services in the physician's office.

Those duties must be appropriate with the medical assistant's required training, which cannot be compared with licensed nurses or other health professionals who meet rigorous educational and examination requirements.

"An unlicensed person *may not diagnose or treat or perform any task that is invasive or requires assessment.*"

MEDICAL ASSISTANT INFORMATION MOST OFTEN ASKED QUESTIONS

1. Define acceptable and appropriate training to practice as a medical assistant.

Prior to performing technical supportive services, a medical assistant shall receive training, as necessary, in the judgment of the supervising physician, podiatrist or instructor to assure the medical assistant's competence in performing that service at the appropriate standard of care.

Such training shall be administered in either of the following settings: 1) Under a licensed physician or podiatrist, or under a registered nurse, licensed vocational nurse, physician assistant or a qualified medical assistant acting under the direction of a licensed physician or podiatrist who shall be responsible for determining the content of the training and the proficiency of the medical assistant, or, 2) in a secondary, post secondary, or adult education program in a public school authorized by the Dept. of Education, in a community college program provided for in the Education Code, or a post secondary institution accredited or approved by the Bureau of Private Post secondary and Vocational Education in the Department of Consumer Affairs.

To administer medications by intramuscular, subcutaneous and intradermal injections, to perform skin tests, or to perform venipuncture or skin puncture for the purposes of withdrawing blood, a medical assistant shall complete the minimum training as prescribed herein. Training shall be for the duration required by the medical assistant to demonstrate to the supervising physician, podiatrist, or instructor, as referenced in Section 1366.3(a)(2), proficiency in the procedures to be performed as authorized by Section 2069 or 2070 of the code, where applicable, but shall include no less than:

- a. 10 clock hours of training in administering injections and performing skin tests, and/or
- b. 10 clock hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and
- c. satisfactory performance by the training of at least ten (10) each of intramuscular, subcutaneous, and intradermal injections and (10) skin tests, and/or at least ten (10) venipuncture and ten (10) skin punctures.
- d. For those only administering medication by inhalation, ten (10) clock hours of training in administering medication by inhalation.
- e. Training in (a) through (d) above, shall include instruction and demonstration in:
 - pertinent anatomy and physiology appropriate to the procedures;
 - choice of equipment;
 - proper technique including sterile technique;
 - 11 hazards and complications;
 - patient care following treatment or test;
 - 13 emergency procedures; and
 - California law and regulations for medical assistants.

In every instance, prior to administration of medication by a medical assistant, a licensed physician or podiatrist, or another licensed person shall verify the correct medication and dosage. The supervising physician or podiatrist must authorize any technical supportive services performed by the medical assistant and that supervising physician or podiatrist must be physically present in the treatment facility when procedures are performed.

2. Are medical assistants required to be licensed or certified by the State of California in order to perform procedures within their "scope of practice"?

No, medical assistants are not licensed, certified, or registered by the State of California. However, the medical assistant's employer and/or supervising physician's or podiatrist's malpractice insurance carrier may require that the medical assistant be certified by a national or private association such as the American Association of Medical Assistants, (800) 228-2262, or

the American Medical Technologists, (800) 275-1268. A medical assistant must be certified by one of the recognized associations if they train other medical assistants. (B&P Code 2069(c)).

3. How may medical assistants legally "administer medications"?

The phrase intends to mean the direct application of medication in several ways 'including simple injections, ingestion and inhalation of pre-measured medications. For our purposes, the phrase "administer medications" when used in regards to medical assistants, means to inject, handle, or provide medications to a patient after verification by a physician or podiatrist.

4. Are medical assistants allowed to administer injections of scheduled drugs?

Yes, after receiving the appropriate training as indicated in Item I response, medical assistants are allowed to administer injections of scheduled drugs only if the dosage is verified and the injection is intramuscular, intradermal or subcutaneous, The supervising physician or podiatrist must be on the premises as required in Section 2069 of the Business and Professions Code.

5. Are medical assistants allowed to start or disconnect IVs or administer injections of medication into IVs?

No, medical assistants may not place the needle or start and disconnect the infusion tube of an IV. These procedures are considered invasive, and therefore, not within the medical assistants scope of practice. Medical assistants are not allowed to administer medications or injections into the IV line. (CC1366(b)(1)).

6. Are medical assistants allowed to perform nasal smears?

Yes, only if the procedure is limited to the opening of the nasal cavity.

7. Are medical assistants permitted to perform "finger sticks"

Yes, medical assistants are trained and allowed to draw blood. The procedure of finger stick is the pricking of the finger in order to collect a sample of blood. This procedure is within the "scope of practice" of a medical assistant. (B&P Code 2070)

8. Are medical assistants allowed to swab the throat in order to preserve the specimen in a throat culture?

Yes, medical assistants are allowed to swab throats as long as the medical assistant has received the proper training and a physician or podiatrist is on the premises.

9. Are medical assistants allowed to take a patient's blood pressure?

Yes, medical assistants are allowed to take the necessary information to prepare a patient for the physician's or podiatrist's visit. This information may include taking the patient's height, weight, temperature, blood pressure and noting the information on the patient's chart. (CCR Section 13 66(b))

10. Are medical assistants allowed to give narcotic injections?

Yes, at this time there are no restrictions as to what type of medications a medical assistant may inject, as long as the medication has been pre-verified and the injection is given intradermal, intramuscular, or subcutaneous. (CCR Section 1366 (b)(1)).

11. Are medical assistants allowed to have access to the keys of the narcotic medication cabinet?

This question should be directed to the supervising physician or podiatrist as it is an "in-house" procedure and the decision must be made by the supervising physician or podiatrist.

12. Are medical assistants allowed to chart pupillary responses?

No, the charting of pupillary responses are considered an assessment, which is a form of interpretation. Medical assistants are not allowed to read, interpret or diagnose symptoms or test results. (B&P Code 2069)

13. Are medical assistants allowed to insert urine catheters?

No, insertion of a urine catheter is considered an invasive procedure and therefore, not within the medical assistants scope of practice.

14. Are medical assistants allowed to perform telephone triage?

No, medical assistants are not allowed to independently perform telephone triage as they are not legally authorized to interpret data or diagnose symptoms.

15. Are medical assistants allowed to inject collagen?

No, the injection of collagen does not fall within the medical assistants scope of practice. CCR Section 1366.4 states that medical assistants may inject "medications".

16. Are medical assistants allowed to use lasers to remove hair, wrinkles, scars, moles or other blemishes?

No, medical assistants are not legally authorized to utilize lasers to remove hair or to remove wrinkles, scars, moles, or other blemishes.

17. Are medical assistants allowed to administer chemotherapy and/or monitor the patient?

No, medical assistants may not legally authorized to administer chemotherapy or make an assessment of the patient as the procedure does not fall within the medical assistant scope of practice.

18. Are medical assistants allowed to apply orthopedic splints in emergency situations, such as splints in a physician's office?

No, medical assistants are legally authorized to remove casts, splints and other external devices. Placement of these devices does not fall within the medical assistants scope of practice. Please reference CCR Section 1366(b)(3).

19. Are medical assistants allowed to interpret the results of skin tests?

No, medical assistants may measure and describe the test reaction and make a record in the patient chart. For every questionable test result, the result should be immediately brought to the physician's attention. In addition, all results need to be reported to the appropriate provider. Please reference CCR 13 66.(b)(2).

20. Can a medical assistant be supervised by a nurse practitioner, nurse midwife or physician assistant in the absence of a physician and surgeon?

Per Business & Profession Code Section 2069 (a)(1) and Health & Safety Code 1204 (A) & (B), a supervising physician and surgeon at a "community clinic" or "free clinic" may, at his or her discretion, in consultation with the nurse practitioner, nurse midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. The written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse midwife, or physician assistant and that tasks may be performed when the supervising physician and surgeon is not on site.